Instructions for Completing the Scannable Application Face Sheet and Budget Summaries

To facilitate the application process, the Federal TRIO Programs converted several required forms to a scannable format. Applicants are requested to adhere strictly to the instructions provided below. Failure to follow the instructions will delay the processing of your application and may require you to resubmit the forms.

The forms that you will need to include with the application package are:

ED Form 872: Upward Bound/Upward Bound Math/Science Face Sheet

ED Form 872: Section A: Budget Summary: US Department of Education Requested Funds

Each applicant must submit form 872 with their application.

If you would like to request an application package, please send a written request to the Federal TRIO Programs at the address provided.

Federal TRIO Programs
U.S. Department of Education
600 Independence Avenue, SW
The Portals Building, Suite 600 D
Washington, DC 20202-5249
Fax: (202) 401-6132
E-mail: trio@ed.gov

You are encouraged to submit your application in typewritten form. However, if your organization does not have access to typewriters, instructions and examples for hand-written submissions are provided with the application package. **Use of a standard typewriter for this page is preferred so that the information on this page can be scanned. If a typewriter is not available, handwritten forms are accepted**.

Do not send a photocopy of the scannable forms. Two copies will be included in the application package you request, but only **one** copy should be submitted with the original copy of your application. Also, **do not put holes in or bind these scannable forms.**

Type inside the blue boxes **only**. You may type over the blue text where there is blue text inside the boxes.

Please do not use dollar sign, commas, or decimals. Please round all dollar amounts to the whole dollar.

Date fields must follow the MM/DD/YYYY format, e.g., 09/01/1998.

Part I -- Application Face Sheet

The following are specific instructions for completing the scannable application face sheet. See also the earlier section entitled "General Instructions for Scannable Forms".

1. **Legal Name of Applicant:** Please provide the legal name of the applicant institution or organization. If the applicant is a combination of IHE, indicate the legal name of the institution designated as fiscal agent for the grant.

2. **Organizational Unit:** Please indicate the name of the primary organizational unit which will house the Upward Bound or Upward Bound Math/Science program.

3. **Geographical Area(s) Served:** Summarize geographic areas to be served by the project, i.e., counties, cities/towns, boroughs/parishes or limited sections thereof. (This information will be provided to prospective participants via a directory. Detailed information about the target schools served has been requested in the program narrative.)

4. **Mailing Address:** Enter the complete mailing address of the institution which will serve as legal applicant (fiscal agent). **Grant award notifications and all official correspondence from the U.S. Department of Education are sent to this address. Therefore, it is important to provide complete and accurate information**.

5. **Contact Person:** Enter the name, title, telephone number and extension, FAX number, and E-mail (Internet) address, if available, for the person to contact on matters related to this application.

6. **Type of Project for Which You are Applying:** Select only one. If your project is not a specialized Veterans or Math/Science project, then by default it will be a Regular Upward Bound project.

7. **Are you submitting multiple applications?** Select only one.

8. **OPE ID Number:** Enter the six digit OPE Title IV Institution Code. This number is used by the applicant institution to process student loans. Information regarding this number is available in the OPE Title IV Institution Code Directory and is also accessible on the world wide web: http://ifap.ed.gov

9. **Type of Applicant:** Select one category that best describes the applicant.

10. **Is Application Subject to Review by State Executive Order 12372 Process:** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Check the appropriate box.

11. **PR/Award Number: CURRENT GRANTEES ONLY** Applicants currently funded under the Upward Bound or Upward Bound Math/Science programs (FY 1995 - FY 1999) should provide their current grant award number. This number is found in block 4 of the Grant Award Notification, and will begin with either P047A5 or P047M5. **New applicants should leave this item blank.**

12. **D-U-N-S No.:** Please provide the applicant's D-U-N-S number. Obtain a D-U-N-S Number at no charge by calling 1-800-333-0505 or by completing a D-U-N-S Number Request Form. The form can be accessed via the Internet at the following URL: *http://www.dnb.com*

13. **Proposed Number of Participants:** Enter the proposed number of participants to be served **during Year 1** by the project. **Two-thirds** of the proposed participants must be **both** low-income and potential first generation college students. The **remaining one-third** must be either low-income or potential first generation college students.

    The following definitions apply to the above:

    Low-income individual: An individual whose family's **taxable income** did not exceed 150 percent of the poverty level amount in the calendar year (preceding the year in which the individual initially participates in the project). The poverty level amount is determined by using the criteria of poverty established by the Bureau of the Census of the U.S. Department of Commerce. (See the "Annual Low-Income Level" Chart)

    First generation college student: A person neither of whose parents received a bachelor's degree. If a student regularly resides and receives support from only one parent, the student qualifies as a first generation college student if that parent did not receive a baccalaureate degree.

14. **Estimated Funding Provided by:** Amount requested or to be contributed during the **first funding/budget period only** by each contributor. Applicant and other in-kind contributions should be included on appropriate lines as applicable.

15. **Federal Debt Delinquency:** This question applies to the applicant institution, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowance, loans, and taxes. Check the appropriate box.

16. **Authorized Signature:** Provide the name, title, telephone number and extension of the authorized representative of the applicant, and the date signed. The representative should sign in the area furnished. A copy of the governing body's authorization that recognizes the signer of this application as an official representative of the applicant must be on file in the applicant's office.

Part I I -- Budgetary Documents

Section A -- Budget Summary (Scannable)

See the scannable budget form entitled, "Budget Summary: U.S. Department of Education Requested Funds" (ED Form 872, 40-65), as well as the preceding section entitled **"**General Instructions for Scannable Forms".

1. **Legal Name of Applicant:** Enter information from item number **1** of the application face sheet.

2. **Geographical Area(s) Served:** Enter information from item number **3** of the application face sheet.

3. **D-U-N-S No.:** Enter information from item number **12** of the application face sheet.

4. **OPE ID Number:** Enter information from item number **8** of the application face sheet.

5. **Type of Project for Which You are Applying:** Enter information from item number **6** of the application face sheet. Select only one.

A. **Personnel:** Enter project personnel salaries and wages only.

B. **Fringe Benefits:** The institutions normal fringe benefit contribution may be charged to the program. If benefits exceed twenty percent **(20%),** an explanation and justification must be provided. Leave this line blank if fringe benefits applicable to direct salaries and wages are treated as part of the indirect cost.

C. **Travel:** Indicate travel of employees only. Travel of consultants and participants may not be included in this category, but should be included in the "Other" category on line E.

D. **Supplies:** Show all tangible personal property except that which is included on line H.

E. **Other:** Indicate all direct costs not covered on lines A-D or H-L. Examples are: equipment rental, consultant costs, communication costs, rental of space (when not included in the indirect cost pool), and consultant and participant travel.

F. **Total Direct Costs:** The sum of lines A-E. This is the modified total direct cost base, which excludes the following items:

- equipment (i.e., equipment of $5,000 or more per unit)
- room and board
- summer non-residential meals
- tuition and related fees, and
- training stipends for students

G. **Indirect Costs:** Indirect costs are limited to eight percent **(8%)** of a modified total direct cost base -- see 34 CFR 75.562(c). *(Exception: Federally recognized Indian Tribes, tribal governments, and agencies of State or local governments, including LEAs (school districts) may exceed the 8% limit on indirect costs.)*

H. **Equipment:** Indicate the cost of non-expendable personal property which has a usefulness of greater than one year and an **acquisition cost of $5,000 or more per unit**. (See the definition of equipment under 34 CFR 74.2.) Lower limits may be established to maintain consistency with the applicant's policy.

I. **Training Stipends:** Include student stipends. See the program regulations, 34 CFR 645.42(d), which establishes stipend amounts.

J. **Tuition and Related Fees**

K. **Room and Board:** For projects with a residential component.

L. **Summer Non-residential Meals**

M. **Total Costs:** This should equal the sum of lines F through L. This amount should also be equal to item **14a** on the application face sheet.